Case Docket No: AAI-14157

FORM PTO-1083

In re application of:

Karl K. RINK et al.

Serial No.:

10/085,644

Filed:

7. 3

22 October 2001

For:

ELONGATED INFLATOR DEVICE AND METHOD OF GAS PRODUCTION

COMMISSIONER FOR PATENTS P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

TOTAL

INDEP.

Transmitted herewith is an amendment in the above-identified application.

- □ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

(Col.2)

HIGHEST NO.

PREVIOUSLY

25

3

PAID FOR

(Col.3)

PRESENT

EXTRA

□ No additional fee is required.

The fee has been calculated as shown below:

(Col.1)

CLAIMS

REMAINING

AFTER AMENDMENT

18

2

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, in an envelope addressed to:Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on

06 February 2004

natire Ole Web view Date of prinature

RECEIVED

FEB 1 8 2004

GROUP 3600

SMALL ENTITY

DIVITED DIVITI				
RATE		ADD'L FEE	<u>OR</u>	
x 09	=	\$		
43	=	\$		
+ 145	=	\$		
TOTAL ADD'L FEE		\$	<u>OR</u>	

	SMALL ENTITI						
2	RATE	ADD'L FEE					
	x 18 =	\$					
	x 86 =	\$					
	+ 290 =	\$					

OTHER THAN A

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

MINUS

MINUS

FIRST PRESENTATION OF MULTIPLE DEPEN. CLAIM

- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

_	Please charge my Deposit Account No.	in the amount of \$
	A duplicate copy of this sheet is attached.	

- ☐ A check in the amount of \$_____ is attached.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.
 - Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
 - □ Any patent application processing fees under 37 C.F.R. 1.17

Pauley Petersen & Erickson 2800 West Higgins Road, Suite 365 Hoffman Estates, Illinois 60195 (847) 490 1400 FAX: (847) 490 1403 Respectfully submitted,

Nick C. Kottis Reg. No. 31,974



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants:

Karl K. RINK

David J. GREEN

Anthony M. YOUNG

Serial No.:

10/085,644

Filing Date: 22 October 2001

Title:

ELONGATED INFLATOR DEVICE AND

METHOD OF GAS PRODUCTION

AMENDMENT B

RECEIVED FEB 1 8 2004 **GROUP 3600**

Group No.: 3616

Examiner: Eric D. Culbreth

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated as mailed on 07 November 2003, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begin on page 5 of this paper.

Remarks/Arguments begin on page 12 of this paper.

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on